



## Application Data Sheet

### **Application Information**

Application number::	10/637713
Filing Date::	08/08/03
Application Type::	Regular
Subject Matter::	Utility
Title::	APPARATUS AND METHODS FOR DEPLOYMENT OF VASCULAR PROSTHESES
Attorney Docket Number::	021629-000340US
Request for Early Publication::	No
Request for Non-Publication::	No
Total Drawing Sheets::	10
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	STEVE
Family Name::	LANDREVILLE
City of Residence::	Mountain View
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	273 Mountain View Ave.
City of Mailing Address::	Mountain View
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94041

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: BERNARD  
Family Name:: ANDREAS  
City of Residence:: Redwood City  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 633 California Way  
City of Mailing Address:: Redwood City  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: PABLO  
Family Name:: ACOSTA  
City of Residence:: Newark  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 8272 Rinconada Ct.  
City of Mailing Address:: Newark  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: SUNMI  
Family Name:: CHEW

City of Residence:: San Jose  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1599 Martin Ave.  
City of Mailing Address:: San Jose  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95126

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/412,714	04/10/03
10/412,714	Continuation-in-part of	10/306,813	11/27/02
10/306,813	Non-Provisional of	60/364,389	03/13/02
10/306,813	Non-Provisional of	60/336,967	12/03/01

### **Assignee Information**

Assignee Name:: XTENT, INC.  
Street of mailing address:: 604-D Fifth Ave.  
City of mailing address:: Redwood City  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94063

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